

State of Minnesota**District Court**

County

Judicial District: _____

Court File Number: _____

Case Type: Criminal

Affidavit of Service

STATE OF MINNESOTA)

COUNTY OF _____)

(County where Affidavit Signed)

I, _____ (Name of person who mailed the documents),
 being duly sworn upon oath, state that I am at least 18 years of age; that on _____, I
 served the attached documents (Notice of Hearing and Petition for Expungement and Proposed Order) by
 mailing a true and correct copy to the following parties at the following addresses by placing the documents
 in the U.S. mail in the city of _____ with sufficient postage:

☐

Minnesota Attorney General
 Public Safety/Gambling Division
 1800 NCL Tower, 445 Minnesota St
 St Paul MN 55101-2134

☐

Bureau of Criminal Apprehension
 Attn: Records Department
 1430 Maryland Ave E
 St Paul, MN 55106

Dated: _____

Signature *(Sign only in presence of notary or Court Deputy)*

Sworn/affirmed before me this (Date):

Print Name: _____

Address: _____

City/State/Zip: _____

Notary Public/Deputy Court Administrator

Telephone: ____ / _____